

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. CIR./DIST./DIV. CODE PAM		2. PERSON REPRESENTED Johnson, James W.		VOUCHER NUMBER																																																																																																																																						
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 1:01-000394-001	5. APPEALS DKT./DEF. NUMBER		6. OTHER DKT. NUMBER																																																																																																																																					
7. IN CASE/MATTER OF (Case Name) U.S. v. Johnson		8. PAYMENT CATEGORY Felony	9. TYPE PERSON REPRESENTED Adult Defendant		10. REPRESENTATION TYPE (See Instructions) Habeas Appeal																																																																																																																																					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 1791A. F -- CONTRABAND IN PRISON - FIREARMS																																																																																																																																										
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS WEST, JAMES J. 105 N. FRONT ST. SUITE 205 HARRISBURG PA 17101 Telephone Number: _____			13. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's Name: _____ Appointment Date: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, or <input type="checkbox"/> Other (See Instructions) _____ _____ Signature of Presiding Judicial Officer or By Order of the Court 06/15/2005 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																																																							
						14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) JAMES J. WEST 105 N. FRONT ST. SUITE 210 HARRISBURG PA 17101																																																																																																																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%;">CATEGORIES (Attach itemization of services with dates)</th> <th style="width:10%;">HOURS CLAIMED</th> <th style="width:10%;">TOTAL AMOUNT CLAIMED</th> <th style="width:10%;">MATH/TECH ADJUSTED HOURS</th> <th style="width:10%;">MATH/TECH ADJUSTED AMOUNT</th> <th style="width:10%;">ADDITIONAL REVIEW</th> </tr> </thead> <tbody> <tr> <td rowspan="8">15. In Court a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td rowspan="5">16. Out of Court a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td><td></td></tr> <tr> <td>17. Travel Expenses (lodging, parking, meals, mileage, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>18. Other Expenses (other than expert, transcripts, etc.)</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td colspan="3">19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____</td> <td colspan="2">20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION</td> <td>21. CASE DISPOSITION</td> </tr> <tr> <td colspan="6"> 22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____ </td> </tr> <tr> <td colspan="2">23. IN COURT COMP.</td> <td colspan="2">24. OUT OF COURT COMP.</td> <td colspan="2">25. TRAVEL EXPENSES</td> </tr> <tr> <td colspan="2">26. OTHER EXPENSES</td> <td colspan="2">27. TOTAL AMT. APPR./CERT</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER</td> <td colspan="2">DATE</td> <td>28a. JUDGE/MAG. JUDGE CODE</td> </tr> <tr> <td colspan="2">29. IN COURT COMP.</td> <td colspan="2">30. OUT OF COURT COMP.</td> <td colspan="2">31. TRAVEL EXPENSES</td> </tr> <tr> <td colspan="2">32. OTHER EXPENSES</td> <td colspan="2">33. TOTAL AMT. APPROVED</td> <td colspan="2"></td> </tr> <tr> <td colspan="3">34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.</td> <td colspan="2">DATE</td> <td>34a. JUDGE CODE</td> </tr> </tbody> </table>						CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	15. In Court a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$) TOTALS:																																									16. Out of Court a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:																										17. Travel Expenses (lodging, parking, meals, mileage, etc.)						18. Other Expenses (other than expert, transcripts, etc.)						19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____						23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT				28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE/MAG. JUDGE CODE	29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		32. OTHER EXPENSES		33. TOTAL AMT. APPROVED				34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE
CATEGORIES (Attach itemization of services with dates)	HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW																																																																																																																																					
15. In Court a. Arraignment and/or Plea b. Bail and Detention Hearings c. Motion Hearings d. Trial e. Sentencing Hearings f. Revocation Hearings g. Appeals Court h. Other (Specify on additional sheets) (Rate per hour = \$) TOTALS:																																																																																																																																										
16. Out of Court a. Interviews and Conferences b. Obtaining and reviewing records c. Legal research and brief writing d. Travel time e. Investigative and Other work (Specify on additional sheets) (Rate per hour = \$) TOTALS:																																																																																																																																										
17. Travel Expenses (lodging, parking, meals, mileage, etc.)																																																																																																																																										
18. Other Expenses (other than expert, transcripts, etc.)																																																																																																																																										
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION																																																																																																																																					
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney: _____ Date: _____																																																																																																																																										
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES																																																																																																																																						
26. OTHER EXPENSES		27. TOTAL AMT. APPR./CERT																																																																																																																																								
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE		28a. JUDGE/MAG. JUDGE CODE																																																																																																																																					
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES																																																																																																																																						
32. OTHER EXPENSES		33. TOTAL AMT. APPROVED																																																																																																																																								
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE		34a. JUDGE CODE																																																																																																																																					